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AUTHOR Moore, James H.; And Others
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ABSTRACT

The feasibility of developing a policy to make student health insurance mandatory, with right of waiver, was studied by a team of graduate students, and recommendations were presented for an advisory committee and the Arizona Board of Regents. Objectives included: clarifying issues concerning mandatory student health insurance, with particular attention to possible impacts at the universities; and surveying other academic institutions to assess their experience with student health insurance. A telephone survey of U.S. universities with undergraduate enrollment over 20,000 and that offer graduate programs was conducted, and 27 of 31 universities responded. Universities with known mandatory programs were also contacted. Three major issues were identified: the substantial numbers of students without health care insurance; the importance of carefully marketing student health insurance; and the key players who may be affected by a mandatory health insurance policy (e.g., students, student health centers, local providers, the insurance company). Study questionnaires are appended, along with findings concerning insurance cost per student for each surveyed institution. Schools with mandatory and successful voluntary programs are identified. (SW)

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MANDATORY STUDENT HEALTH INSURANCE:
AN INVESTIGATION

Presented to the

ADVISORY COMMITTEE ON STUDENT HEALTH INSURANCE

of the

ARIZONA UNIVERSITY SYSTEM

August 7, 1987

by

James H. Moore

Glenn Pearl

M. Susan Welling

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August 7, 1987

Dear Committee Member:

The results of our investigation into the current topic of mandatory student student health insurance with right of waiver are contained in this report. We believe the analysis is sound and the recommendations useful.

Thank you for the opportunity to work with the committee on this health policy issue. We feel honored. Our educational endeavor has been enriched because of this experience.

Sincerely yours,

James Moore, MHSA Graduate Student

Glenn Pearl, MHSA Graduate Student

M. Susan Welling, MHSA Graduate Student

EXECUTIVE SUMMARY

Mandatory Student Health Insurance: An Investigation

James H. Moore
Glenn Pearl
M. Susan Welling

The Arizona university System currently offers limited prepaid health care benefits through tuition fees to all enrolled students. These benefits are ambulatory care services offered at the Student Health Centers at each of the Universities. In addition, a supplemental student health policy is available on an optional basis. This report examines the question whether the Arizona Board of Regents should pursue the development of a policy making supplemental student health insurance mandatory, with right of waiver, for all students. Objectives include:

*To present and clarify issues surrounding mandatory student health insurance, with particular attention to its possible impact at the universities.

*To survey other academic institutions to assess their experience with student health insurance.

*Finally, to offer the Student Health Insurance Advisory Committee useful recommendations on this topic of current interest.

MAJOR ISSUES

Three issues are identified which focus the discussion of mandatory student insurance:

*A primary reason for adopting a policy of mandatory student health insurance would be to prevent students from leaving school because of medical expenses. No significant data was discovered supporting the premise that students were forced to leave school because of medical expenses.

*Presently, the supplemental student health insurance is offered on a voluntary basis. There was no objective measure available on the effectiveness of the marketing program (e.g. student awareness survey), nor was there evidence of significant on-going student education about health insurance.

*The political atmosphere in the state of Arizona seems to be one of self-determination. The perspectives of students, legislators, and the public must be

considered and addressed when instituting a mandatory requirement within a public institution.

SIGNIFICANT FINDINGS

The information that follows was obtained from a telephone survey of the largest Universities in the United States with graduate programs, a survey of a few schools known to have mandatory programs, as well as conversations with several members of the Student Health Services Advisory Board.

Surveys

*Survey of large universities revealed two out of twenty-seven with mandatory student health insurance programs. (11%)

*Most universities require that international students be enrolled in a major/medical program.

*All surveyed universities offered some form of supplemental student health insurance, either through the university or a student organization.

*Enrollment in voluntary programs ranged from roughly 4% to 40%, and averaged 11%.

*Average percent of uninsured students at large universities was 23%.

*Enrollment in mandatory programs ranged from 18% to 45%.

*For schools without mandatory programs the range of uninsured students was from 10% to 47%.

*Student reactions toward mandatory programs, in general, were unfavorable.

*In general, administrative costs at the schools with mandatory programs were minimal because simple waiver procedures were used.

Personal Interviews

*Potential marketing strategies (promotions and target segmentation) for student health insurance have perhaps not been exhausted.

*The measure of student support for a mandatory program

is uncertain, and would need clarification to determine feasibility. Active student support may be necessary for implementation.

*Impact of a mandatory program on the Student Health Centers and area providers may not be significant. However, there is always the danger of over-utilization and demand creation in the health care field.

RECOMMENDATIONS

Mandatory student health insurance (with right of waiver) is a good idea. It would provide each and every student with an additional health care benefit and a means to finance excessive medical expenses if incurred. At this time, however, there is insufficient evidence of a need for this added protection. Therefore, the following recommendations are offered:

*Through survey instruments determine the number of students who withdraw from the Universities because of medical expense related reasons. (Mandatory student health insurance has been identified as a good solution to a potentially serious problem; let's determine if the problem is significant.)

*Identify and develop relationships and programs with student groups who could facilitate the education of the student body in regard to health insurance.

*Develop and expand marketing practices to create an awareness of (and subsequent purchase of) the present supplemental insurance package on a voluntary basis.

*Use marketing techniques to identify and characterize that notch group of students without medical insurance coverage.

In summary, the graduate team recommends further exploration of this current topic of interest. A policy requiring mandatory student health insurance with right of waiver, should be developed only if the insurance advisory committee determines there exists a significant problem that cannot be remedied by other measures.

INTRODUCTION

"The physical and emotional health and wellness of students impacts their abilities to fully and effectively participate in the educational programs of the [Arizona] University [System]." (Brigman & Roberts,1986:8) To promote the educational experience of all enrolled students from a health perspective, each of the three Universities operates a Student Health Center. These student health centers offer wellness programs and primary health care to the student body.

The focus of this investigation is on students without major medical coverage who may be forced out of school because of excessive medical bills. It is estimated that 13% of the student body at Arizona State University (ASU), and 25% of the student body at the University of Arizona (U of A), and 15% to 25% of the student body at Northern Arizona University (NAU) are without any type of major medical healthcare insurance.[1]

With these thoughts in mind let's examine more closely the problem statement this study was designed to analyze.

PROBLEM STATEMENT

The three state universities presently provide a prepaid

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[1]. ASU 1985 Survey and personal interview with Directors and Administrators at the Student Health Centers. Data is summarized with graphs in the Appendix One.

ambulatory health benefit to all enrolled students. In addition to this outpatient primary care component, and optional supplementary major medical insurance policy is available for a fee to interested students. This supplemental insurance policy is provided at present by Mutual of Omaha. In general, Mutual pays 80% of the first $4,000 of medical expense; the insured student is responsible for a co-payment of 20% ($800) on the first $4,000. All medical expenses (per episode) after the first $4,000 are covered 100% by Mutual up to a ceiling limit of $25,000. The policy also requires the student to pay the first $100 in any calendar year to satisfy the deductible requirement.

Contracts for this supplemental insurance are negotiated and awarded to the carrier through the Student Health Insurance Advisory Committee for the students at the three state universities. This committee reports to the Arizona Board of Regents.

The question to be investigated in this paper is as follows:

Should the Arizona Board of Regents pursue the development of a policy requiring all students at the three state universities to be enrolled in supplemental student health insurance with the right of waiver?

PURPOSE AND NEED FOR THIS STUDY

The objectives of this study are threefold:

1. To present and clarify the issues surrounding mandatory student health insurance.

2. to survey other academic institutions to assess precedent and gain insight into the issues surrounding mandatory student health insurance.

3. To provide the Student Health Services Advisory Committee with useful recommendations on this topic of current interest.

By fulfilling the above objectives, it is believed that valid information for decision making will be provided and a guideline for future action prepared.

SCOPE AND LIMITATIONS

The telephone survey was limited, in general, to universities within the United States with undergraduate enrollment over 20,000, and offering graduate programs. Twenty-seven out of thirty-one universities were successfully contacted. Whenever possible, the Director or Administrator of the Student Health Center was interviewed.

A limitation identified in the investigation was the scarcity of research on this controversial topic. Very little has been written and/or published on the topic of mandatory student health insurance--with or without waiver. In addition to the scarcity of published research, demographic information on students with or without insurance coverage was difficult to obtain within the Arizona system and at other universities.

RELATED LITERATURE

Two articles of interest were reviewed by the graduate team. The first is a pre-publication draft titled "Stating the Case for Mandatory Student Health Insurance" written by William David Burns of Rutgers University, New Brunswick. This paper is

comprehensive in its discussion of mandatory student health insurance. The second article appeared in a publication titled Action; this article contained a list of draft standards for college student health insurance programs. Some of the issues presented in this paper were drawn from this source.

RESEARCH PROCEDURES

Information for this investigation was obtained from the following sources:

- *Personal interviews, either face-to-face or telephone, were conducted with several members of the Student Health Insurance Advisory Committee. Regrettably we were unable to interview student members of this committee. (See Appendix Two for a list of people interviewed.)

- *A telephone questionnaire was administered to a sample of thirty-three universities. (See Appendix Three for a copy of the survey instrument.) Twenty-seven universities responded. The institutions surveyed had a graduate program and an undergraduate enrollment of at least 20,000. An attempt was made to survey those institutions resembling the universities in the Arizona system. (See Appendix Four for a list of universities surveyed.)

- *Universities with known mandatory programs were also contacted.

The decision to survey institutions of comparable size and structure to those in the Arizona system had purpose. It was felt by the graduate team that the bureaucracy within the larger institutions may inhibit the implementation of a mandatory insurance program. Insight into this assumption for comparative purposes was desired.

The questionnaires were designed to provide both qualitative and quantitative data. The survey results were compiled and tallied in percentage form. Conclusions were formulated and presented as finding.

SUMMARY

Background information was presented; a statement of the problem and objectives of the study were given. The purpose and need for the investigation was explained. The scope, limitations, related literature, and research design were presented. The next section of this report will discuss issues and findings.

FINDINGS AND DISCUSSION

SURVEYS

Conversations with committee members reveled a desire for comparative information with other universities regarding student health insurance, and a particular interest in information about universities with mandatory programs. How the mandatory program is implemented, costs, student reaction, and impact on the student health center were some of the questions that were suggested that be put to universities that might be queried. A look at universities comparable to those in the Arizona

University System was also indicated as information that might be useful to facilitate the committee's decision.

Some names of universities with mandatory programs was mentioned by Dr. Roth. Dr. Roth also indicated that a list of universities with mandatory programs might be obtained from the American College Health Association. The graduate team was unable to obtain such a list from the Association. Nevertheless, it is felt that a sufficient number of universities with mandatory programs were contacted, both through Dr. Roth's suggestions, and the list of large universities described next.

The graduate team conducted a telephone survey for universities with graduate programs and undergraduate populations over 20,000. This group of schools offered several characteristics which made comparisons with the Arizona schools desirable. First, the schools had large, and presumably diverse student bodies. This condition was helpful for anticipating the variety of student responses to student health insurance policies that might occur. These school would also have an extensive bureaucratic arrangement, as previously mentioned, necessary to efficiently process students. It was felt that any difficulties in processing student health insurance subscriptions would be revealed. Specifically, if any of these school would have mandatory insurance, how then, and with what difficulties is a waiver executed? Lastly, a break down of schools with undergraduate populations of over 20,000 was conveniently located in an ASU library resource.

Survey Results

All large schools responding indicated that student health insurance was offered either through the university or their student association. Only two schools, however, indicated that health insurance was mandatory. One school that was identified as one with a mandatory policy denied this during the survey. The program is implemented, however, with a negative check-off system. That is, unless a student specifically waives the insurance he or she is automatically signed up. The student apparently may waive student health insurance without having any other health insurance. (A summary chart of results is available in Appendix One.)

That all schools were involved with at least offering some health insurance to students may reveal a consensus for large universities' responsibilities in making an effort to retain students in the face of medical/financial troubles. That only two schools had mandatory insurance would seem to indicate that the universities' interest in retaining students has its limits.

It is interesting to conceptualize support for student health centers as a form of mandatory insurance, if fees for the center are imbedded into a tuition or activity fee. Some schools surveyed in fact make a separate fee for student health center use optional. Most schools, however, fold a support fee for a health center into the larger tuition or activity fee. Conceptualizing support for student health centers as a form of mandatory insurance, in one sense, again reveals general support

for the role of universities regarding retention of students in the face of medical and financial problems.

Some of the reasons or sentiment for not having a mandatory student health insurance program covering services delivered beyond those offered by the student health centers was expressed by contacts during interviews:

- Students are crap shooters: will spend $400 on a surf board, but not $100 on health insurance. (CSU, Long Beach)

- The feeling at Iowa State is that these decisions be left up to the individual.

- The goal of administration is to keep fees for mandatory items to a minimum-- health insurance is one of those items. (Louisiana St.)

- Always been that way. . .(San Jose & U. of Utah)

- Students always vote down mandatory. (U.C.L.A. & University of Maryland)

- Student Reps pushing against it. (U. of Florida)

- Never considered mandatory; most students still on parents' plans; waiver would be too much trouble. (U. of Tennessee)

- Students would riot. (U. of Wisconsin-Milwaukee)

The average cost for student health insurance was $216. This figure includes all schools, regardless whether the program was mandatory or not. Some schools offered options for the extent of coverage. A single fee was arrived at for these schools by averaging different fees together. Of course not all insurance policies are comparable by cost alone, because benefits will vary. The purpose for calculating a single fee for each program, and an overall average, is to give a general indication about expectations of students for health insurance. That is to ask, how much do universities expect the average student to pay for medical coverage? The figure is in the ball park of the Arizona University System's $222 for individual coverage.

The percentage of students enrolled in insurance programs varied from roughly 4% to 40%. The two schools indicating mandatory programs claimed 18% and 29%. Another school mentioned earlier, which claimed to be voluntary, used a negative check off system claimed nearly 40% subscription rate. In another non-mandatory school with 30% enrollment a negative check off system was also used. In one schools 20% to 30% were enrolled. This

school seemed to emphasize students responsibility in taking care of their health insurance needs. If the enrollment estimate is correct , then perhaps this sense of individual student responsibility had played a role in encouraging subscription. Another non-mandatory school with a 20% subscription rate did three mailing per year for their student health insurance program. Information was also gathered on utilization rates of student health service centers. There was no apparent correlation between percentage of students enrolled in student health insurance programs and utilization of the student health centers. Most committee members indicated during personal interviews that mandatory insurance would probably not have a great impact on the student health centers, since most services are currently offered without charge.

For those schools with information available, or who felt confident to guess, an average of 23% of the students went without any form of health care insurance. On a macro level then, if total enrollment for all 33 schools is 1,114,061, and a 23% non-insured rate is a good estimate, then approximately over 250,000 students at the largest universities in the United States carry no health insurance. It would seem that universities would have an obligation to remedy, if possible, what appears to be a national problem. Before deciding how to go about this, it is important to address some of the major issues involved.

Rutgers University, University of Montana, and University of Colorado were schools successfully contacted who

were believed to have some form of a mandatory program. The University of Montana contact denied that insurance was mandatory. Although insurance is not required at this University, a negative check off system is used, where a refund is made to students who check a box at registration.

Rutgers University rolled a mandatory fee into its registration fee, apparently without right of waiver. The fee of $33 per student, per year, covered medical expenses only up to $2,500. It was felt that this coverage was adequate for most of the medical needs of the students at the University. An optional major medical plan was available, for which only 5% to 7% subscribed. Overall, the students seemed happy with this arrangement.

The University of Colorado uses a mandatory with right of waiver program, with 45% of the students taking the student health insurance plan. The mandatory program was initially rejected by the student body. Subsequently, administration worked closely with student leaders to develop a mandatory program, which was implemented successfully without bringing the case to the general student body. There is no proof required for a waiver, and there is a generous time limitation for claiming a waiver.

ISSUES

As noted earlier, three major issues may be identified. There is no question that there are substantial numbers of

students who are without health care insurance in the Universities. The issue that must be addressed may be raised in two questions. First, what are the reasons in favor of mandatory student health insurance? And, what evidence exists to support such reasons? The first question addresses a broad, almost theoretical perspective. The second question addresses empirical evidence for such broad reasons.

In general, there are at least five reasons in favor of mandatory student health insurance. First, such a policy would prevent students from leaving school because of financial problems associated with medical illness, or an accident. Protecting students would be in the interest of the student, as well as the university, which has a legitimate interest in retaining students who have enrolled at the university.

Second, mandatory insurance may ensure providers a means of payment from students. If a university is bringing students into a particular area, then it may have some obligation to protect those providers who choose to service the area. Third, a mandatory program would presumably allow universities to negotiate lower insurance rates, because of a larger pool of subscribers. Fourth, mandatory may provide some stability for student health centers in the face of possible future budget cuts. The university, in the event of budget cuts, would have a population able to pay for services. Last, there may be an educational function served by requiring students to have insurance. Students may be forced to learn something about

insurance if made to understand their coverage in order to be eligible for a waiver, or forced to participate in a school supported policy.

Counter arguments may be made against these favorable arguments. First, students have a right to determine their own lifestyles, including level of risk. Presumably, students have an opportunity cost for money not spent on health care insurance. That is to say, they can do something better with their money, if they so choose. It is not the universities right to decide for such people, so goes the counter argument.

Second, if the university may protect providers by providing insurance, they also run the risk of having local services over-utilized by students. Healthcare is, among other things, a business, for which demand for services may be stretched beyond legitimate need-- in this case at the expense of a school sponsored insurance policy. (See Appendix Five for advertisement sample.)

Third, at least initially expenditures may go up for medical expenses, which may in turn leave premiums unaffected by a larger pool of subscribers. The group currently uninsured may be a group that has neglected medical needs for awhile because of cost, and would with insurance coverage, use more resources to make up previous under-utilization. It may also occur that once insurance is required, people currently uninsured will not choose the school sponsored policy.

Fourth, to protect student health centers from potential

budget cuts with a mandatory health insurance policy may be seen as self-serving for the centers. This rationale would also seem to hold a self-fulfilling prophecy: if it becomes apparent that the health centers could become self-sufficient through a change in fee policy, and all students had insurance, then why continue funding the centers? an argument might run. Last, instead of serving an educational function, mandatory insurance may be seen as spoon feeding, or paternalistic.

It would seem that the most plausible argument would be that mandatory protects students from dropping out because of medical/financial reasons, or even preventing students from going into a severe financial hole because of medical bills, though not having to leave school. Such cases hurt the student, as well as the university. Presumably, each student makes an intellectual and social contribution, and a loss would affect a university. The university also has an interest keeping steady enrollments for planning purposes. The greatest interest the university has in this matter, however, is that it flatly has at least some responsibility for protecting students.

The question that must be asked then is how many students are being forced to drop out of school because of such problems? The answer to this question should also reveal who is dropping out as well. It seems that students being hurt this way who refused insurance by choice is a different case than if all such students did so because of an inability to afford premiums. However, there does not appear to be any existing data available

regarding such people. One survey that was discovered did reveal one case of someone who withdrew because of medical and financial reasons; however, it was unclear if these medical reasons were related to the financial distress.[2]

There may be other methods to arrive at such figures, by extrapolating from existing data for the nation on treated medical episodes, and applying current uninsured rates for the Universities. These populations, however, may not be very well compared. Another question that must be asked, and addressed by the Student Health Insurance Committee, is: how many people have to be leaving school for medical/financial reasons so that a mandatory policy is justified? The answer many be several, or one, or even none-- meaning the future case should be provided for. It would seem, however, that a good idea about the characteristics, and the drop out rate, needs to be established to make such talk meaningful.

A second issue concerns marketing of the current optional student health insurance. Sentiment, at the Arizona Universities, and other universities as well, tends to go against anything mandatory. Another approach for achieving a larger amount of insured students would be to improve marketing practices. Currently, student health insurance is offered to the students by way of a check mark on the registration form for classes. Brochures are mailed to students, and advertisements

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[2]Exit interview conducted in fall 1986 by REACH program in the Student Life Office. Blank survey, and the one survey indicating medical and financial reasons provided in Appendix Six.

are run in the college newspapers. In addition, some exposure, with an opportunity to sign up, is offered at the student health centers.

Marketing of products involves not only promotion, however, but also involved learning about to whom the product will be promoted. As mentioned above, it is important to learn more about students not covered by any insurance. What might convince these students to purchase insurance? A different promotion tactic would then be used depending on the characteristics of the group. Are the students located at a particular college? Do they tend to be a certain age, or in a certain class? Can they afford insurance, but choose not to buy? Can they not afford insurance, but are unaware of financial aid benefits available to purchase it? The answer to such questions would help to determine promotional tactics.

A third issue concerns the several groups of key players who may be affected by a decision regarding a change to a mandatory policy. These groups include students, university administrations, the student health centers, local providers, the insurance company, the state government, Board of Regents, and The Student Health Insurance Advisory Committee. Students, the universities, and local providers, have already been discussed.

The insurance company may be able to offer lower rates for mandatory insurance. They may also be able to provide assistance with promoting mandatory insurance, or, if a voluntary plan is to continue, provide promotional assistance there as well. The

Insurance Advisory Committee, State Government, and the Board of Regents, all ultimately serve the public and will be responsible for any outcomes decided upon.

RECOMMENDATIONS

SURVEY

The mission of the Arizona University System is education, research and community service. The universities provide the student health centers because the physical and emotional health and wellness of students affects their abilities to fully and

effectively participate in the educational programs of the universities. Any expansion of the student health benefit must conform with the mission and goals of the student health centers within the university system.

An expansion of the student health centers with a mandatory insurance program could further the educational mission if such an insurance program would help retain students who are now dropping out of school because of the costs associated with an uninsured illness. Currently, there is no data regarding the number of students who withdraw from the universities because of such illnesses. It is essential that data is gathered concerning this need. This data would be used to examine the size of the current problem, and would be used to refute any allegations that the introduction of a mandatory health insurance program is a self-serving proposal of the student health centers.

This data is not presently available, but it could be gathered through an existing vehicle. Last year 59 out of 12,000 students at NAU dropped out of school because of a catastrophic illnesses. The important question is how many of these students dropped out solely because of the financial implications of their illness? How many of these students could be saved by having health insurance, versus how many were too ill to complete the semester despite the presence of absence of insurance?

Students who completely withdraw from classes during the semester undergo an exit interview of sorts. We recommend that during the upcoming fall semester, and possibly next spring, that

an additional exit interview (See Appendix Seven) be given to every departing student who goes through the current exit process. This data would underreport the current problem because it misses two classes of dropouts, those who drop out and do not go through the exit interviews, and those who drop out at the end of the semester and do not return because of outstanding medical bills or untreated illness. Extrapolation of the exit interview data could yield a rough measure of the current problem.

It is essential that this survey be done. Without the data from this survey there is no evidence to support the argument for a mandatory student health insurance program.

STUDENT RELATIONS

Our survey, and anecdotal evidence, indicate that the most active and vocal opposition of implementing a mandatory health insurance program will come from the students. Any expansion of the student health centers toward a mandatory insurance program must develop with the knowledge and cooperation of the students. Efforts must be made, from the beginning, to involve the students in this program.

The Student Health Advisory Committees (SHAC) at the three universities are the first steps in dealing with the students. The SHAC's are entities that fall under the associated student governments. Involving the associated student governments early on in these developments will lead to several advantages. One, any complaints from student government will come in on a private

cooperative basis and not in a public adversarial manner. Second, input from the student representatives will come in early during the developmental stages when changes are easier to implement. Finally the student government will be co-opted into supporting the program through their involvement in its development.

As previously mentioned, the University of Colorado at Boulder involved the student government in developing the waiver system for a mandatory insurance program and were able to implement such a program with very few complaints. A mandatory student insurance program had been voted down by the students only two years previously.

MARKETING

Students seem to lack knowledge of the current supplemental insurance policy in particular, and the availability of services at the student health centers in general. A greater awareness of the student health centers would facilitate the student relations policy outlined in the previous section.

Why are the uninsured students uninsured? If students are uninsured because they are unaware of their option to purchase the supplemental insurance policy currently offered, then this is a failure in marketing the program. A best effort to promote the student health centers and the existing supplemental policy would be a necessary first step before making health insurance mandatory.

Using the example of Arizona State University, it would seem unfair to require the seventy per cent of insured students (insured through parents, employment and independent policies) to go through the paperwork and hassle of waiving out of a mandatory program in order to catch the fifteen percent of students who are currently uninsured, when a best effort has not yet been made at marketing the supplemental program.

Again, this is an area where the Student Health Advisory Committees, composed of volunteer student members and representatives of student government, would be helpful. The student advisory committee at the University of Arizona was actively involved in developing an excellent promotional pamphlet concerning student health and the student health center. Activities of this kind, and additional contacts between SHAC and other student groups would help.

The promotion of the supplemental student health insurance policy can be expanded. Neither Mutual of Omaha, nor the three student health centers, place a high priority on promoting the supplemental insurance policy. Promotion is currently limited to newspaper advertisements, and pamphlets at the student health centers and campus information desks. Cooperation between the SHAC's and the insurance provider could lead to a home-grown and more comprehensive promotional effort. #

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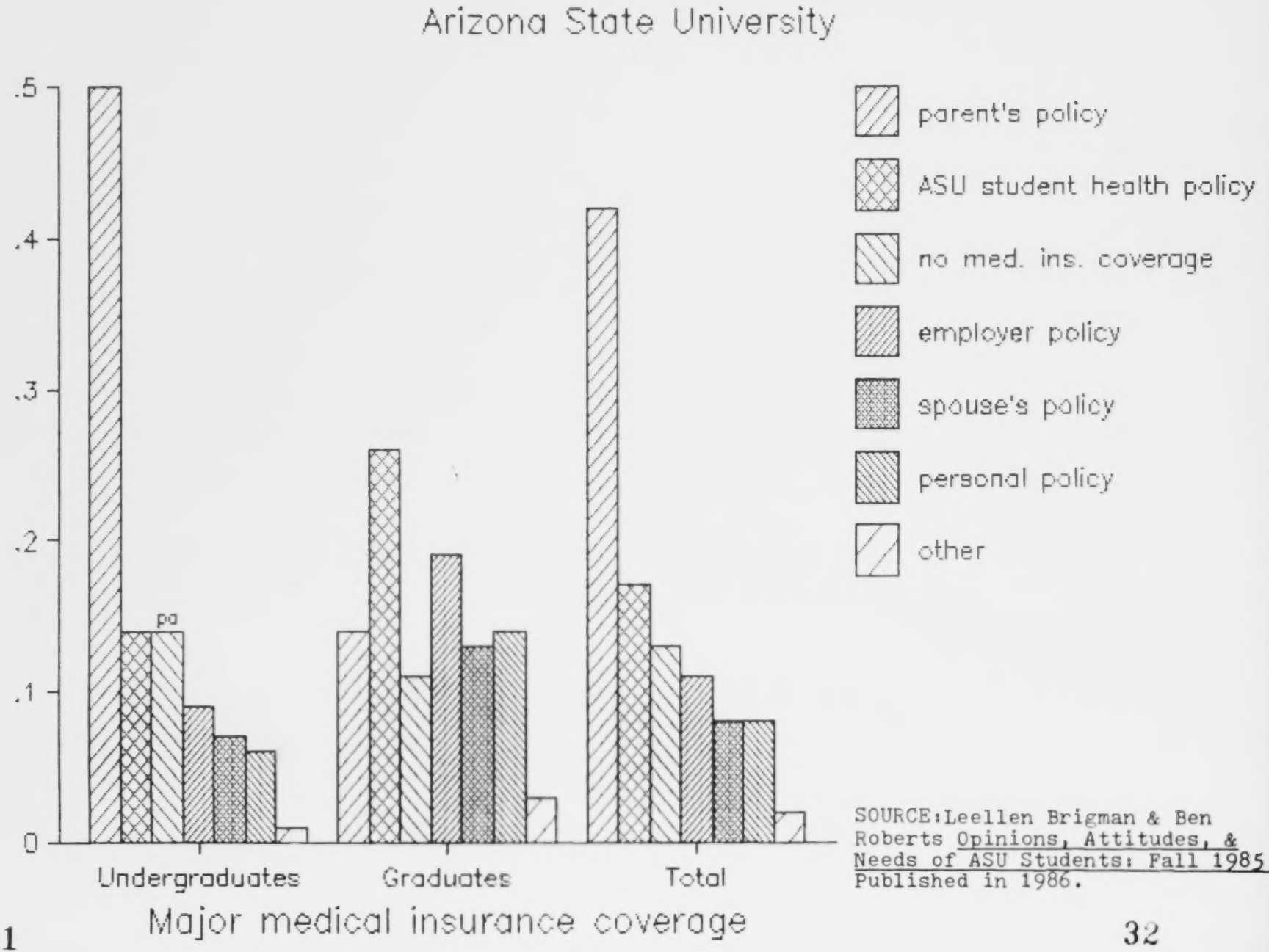
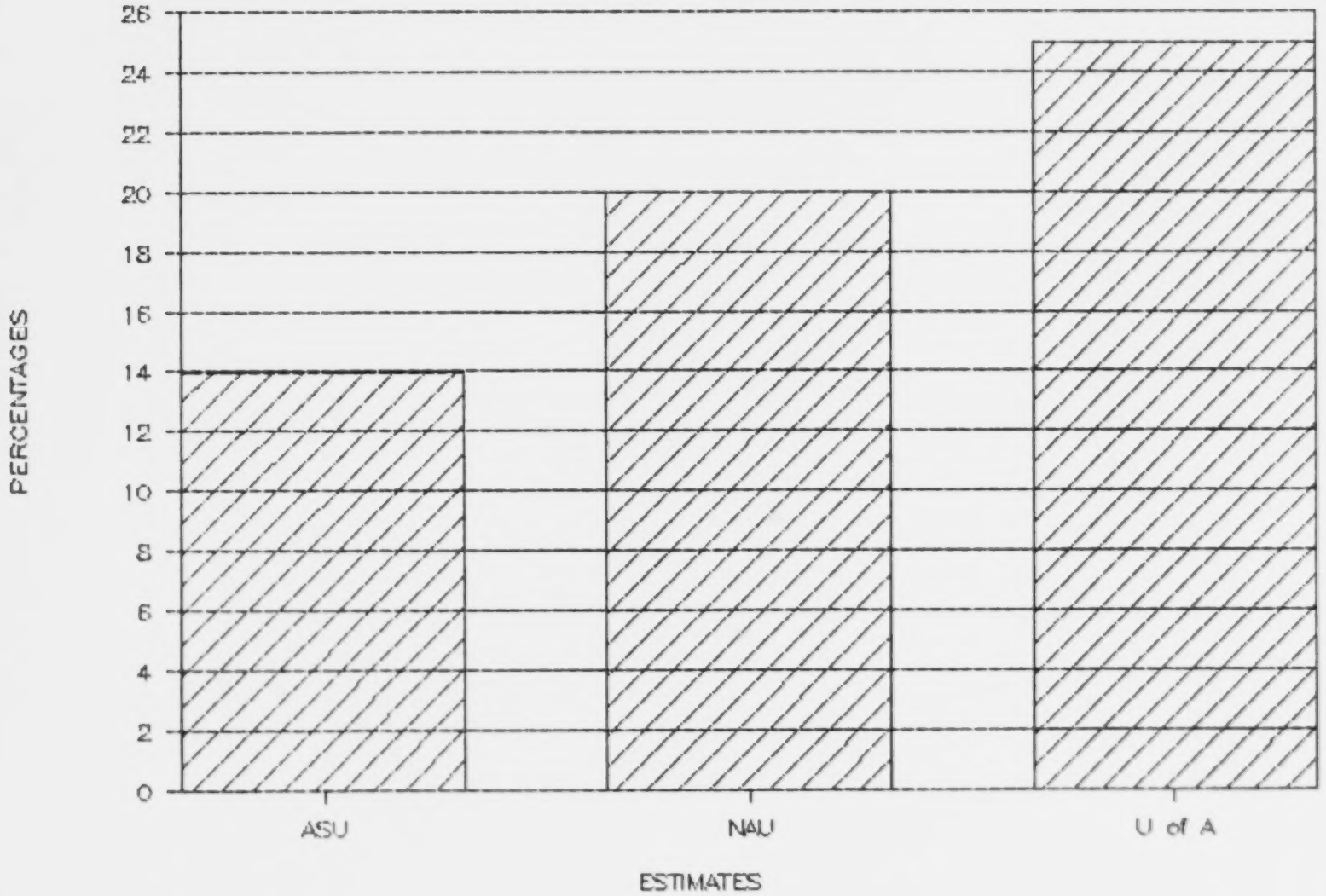
APPENDIX ONE



SOURCE: Leellen Brigman & Ben Roberts Opinions, Attitudes, & Needs of ASU Students: Fall 1985 Published in 1986.

STUDENTS WITHOUT MEDICAL INSURANCE

THE ARIZONA UNIVERSITY SYSTEM



SOURCE: Leellen Brigman and Ben A. Roberts. Opinions, Attitudes, & Needs of ASU Students: Fall 1985. and estimates from Student Health Centers.

APPENDIX TWO

I N T E R V I E W S

Arthur Ashton, Assistant to Executive Director
Arizona Board of Regents
3030 North Central, Suite 1400
Phoenix, Arizona 85012

Frank Guerra, Assistant Director
Student Health Services
Arizona State University
Tempe, Arizona 85287

Frank Williams, Associate Professor
School of Health Administration and Policy
Arizona State University
Tempe, Arizona 85287

Joyce Meder, GYN N.P, Assistant Director
Student Health Services
The University of Arizona
Tucson, Arizona 85721

Monty Roth, M.D. Director
Student Health Services
Arizona State University
Tempe, Arizona 85287

Murray DeArmond, M.D. Director
Student Health Services
The University of Arizona
Tucson, Arizona 85721

Thomas Canepa, Associate Director
Fronske Health Center
Northern Arizona University
Flagstaff, Arizona 86011

APPENDIX THREE

MANDATORY STUDENT HEALTH INSURANCE QUESTIONNAIRE

NAME OF UNIVERSITY: _____

ENROLLMENT: _____

DIRECTOR: _____

CONTACT: _____

1. Does the university offer student health insurance?

2. Cost for individual students?

3. Percentage of students enrolled in SHI?

4. Percentage of students without insurance (estimate)?

5. Is health insurance at the university mandatory for the students?

   Qualifications:

6. If response to question 5 was yes, ask for the rationale: [IF RESPONSE TO #5 WAS NO MOVE ON TO QUESTION #7]

7. What is the percentage of students using the student health center (or number of visits per year)?

[IF INSURANCE IS NOT MANDATORY GO TO QUESTION 13.]
[IF INSURANCE IS MANDATORY GO TO NEXT QUESTION.]

8. How was the mandatory policy implemented? [WAIT FOR RESPONSE THEN PROMPT IF NECESSARY]

   a. School insurance unless waiver indicated.

   b. The individuals responsibility.

   c. School insurance mandatory regardless of pre-existing coverage.

   d. Other (explain).

9. What were the administrative and personnel costs associated with the implementation of the mandatory program?

10. What was the impact of the mandatory program on the Student Health Center?

11. What were the student complaints about the insurance being mandatory?

12. Is student health insurance purchased in conjunction with any other university?

13. Do you have any general comments about mandatory student health insurance, or can you recall any additional problems?

[THANK THE PERSON FOR THEIR TIME AND COOPERATION AND END THE CONVERSATION.]

APPENDIX FOUR

Summary Chart of Survey Results
Universities with graduate schools
and undergraduate populations +20,000
for 1984

SCHOOL	Total Enrollment	Offer SHI? 1=yes 0=no	Cost/year individual student	Percentage Enrolled	Percentage w/o any health insurance	Mandatory?
1. ASU	39,319	1	$222	17%	13%	0
2. BYU	26,847					
3. CSU, Long Beach	32,034	1	$145	6%	47%	0
4. CSU, Northridge	28,111	1	$315	6%	40%	0
5. Indiana U.	37,712					
6. Iowa St.	24,906	1	$151	10%	13%	0
7. Lousiana St.	29,709	1	$232	23%		0
8. Michigan St.	42,730	1	$282	14%	30%	0
9. Ohio St.	53,438	1	$153	39%		0
10. Penn St.	33,539	1	$189	10%	11%	0
11. Purdue	32,455	1	$240			0
12. San Diego St.	31,265					
13. San Jose	25,471	1	$315			0
14. Texas A&M	36,127	1	$212	5%		0
15. U. of Akron	26,569	1	$95			
16. U. of Arizona	33,914	1	$222	16%	25%	0
17. U. of Berkeley	30,413	1	$236			0
18. U.C.L.A.	34,568	1	$435	26%		0
19. U. of Cincinnati	37,906	1	$224	18%		1
20. U. of Florida	32,252	1	$312	23%	20%	0
21. U. of Houston	30,544	1	$170	4%		0
22. U. of Illinois	34,914	1	$84	29%		1
23. U. of Iowa	28,140	1	$249	20%		0
24. U. of Maryland	37,046	1	$228	6%		0
25. U. of Michigan	34,859					
26. U. of Minnesota	47,383					
27. U. of Tennessee	27,042	1	$144	10%	10%	0
28. U. of Texas	48,039	1	$221			
29. U. of Utah	24,364	1	$216			0
30. U. of Washington	34,468	1	$259	30%		0
31. U. of Wisconsin-Mad.	42,230	1		6%		0
32. U. of Wisconsin-Mil.	26,122	1	$335	5%		0
33. Wayne St. U.	29,625					
Total	1,114,061	27			290,700	2
Average	33,759		$218	12%	26%	7%

Source for list of schools and populations:
NATIONAL COLLEGE DATA BOOK,
THE COLLEGE BOOK OF LISTS
1984 Peterson's Guide, Inc.

Schools With Mandatory Programs

	Cost	% Enrolled	Waiver
U. of Cincinnati	224	18%	Check Box
U. of Illinois	84	29%	Proof
Rutgers U.	33	100%	No Waiver
U. of Colorado	256	45%	Check Box

Schools With Successful Voluntary Programs

	Cost	% Enrolled	Reason
Lousiana St.	232	23%	Stress Indiv. Resp.
Ohio St.	153	39%	Negative Check-off
U. of Washington	259	30%	Negative Check-off

APPENDIX FIVE

DID YOU KNOW?

YOUR ASU INSURANCE COVERS CHIROPRACTIC CARE!!!

- Whiplash
- Neck Pain
- Headaches
- Back Pain
- Shoulder Pain
- Accidental Injuries

We will accept your insurance, provide a student discount, with little or no out-of-pocket expense to you.

Whiplash!

TEMPE
966-1635
Dr. Donald Nelson
3910 S. Rural Rd. #E

SCOTTSDALE
941-2909
Dr. Stephen Nielson
7333 E. Thomas Rd.

Stiff Neck & Back!

STATE PRESS - Arizona State University - Vol. 12 No. 11 - Tuesday July 7, 1987 - p.7

APPENDIX SIX

Date:_____

SEX: Male__Female__ AGE:_____ ETHNICITY: White__Black__Hispanic__Asian__
Native American__

MARITAL STATUS: Single__Married__ DEPENDENTS: Yes__No__ If Yes, Indicate Ages:_____

PLACE OF RESIDENCE: On-Campus Dorm__ Within two miles of campus__
Two to ten miles__ More than ten miles__

ARE YOU CURRENTLY EMPLOYED? Yes__ No__ If yes, how many hours do you work each week?_____

YEAR IN SCHOOL: Freshman__ Sophomore__ Junior__ Senior__ Unclassified__ Graduate__

WHAT COLLEGE ARE YOU CUURENTLY ENROLLED IN?

Architecture__ Business__ Education__ Engineering__ Fine Arts__

Liberal Arts__ Nursing__ Public Programs__ Social Work__

INDICATE THE MAIN REASON YOU ARE WITHDRAWING FROM SCHOOL:

Work Conflict__ Money Problems__ Medical Reasons__ Academic Difficulties__

Family Related__ Transferring__ Need a Break__ Unclear Educational Goals__

Social Life Unsatisfactory__ Quality of Instruction__ University Too Large__

Failure to get courses__ Outside Activities__ Poor Academic Advisement__

Other (Please Specify)_____

DO YOU RECEIVE FINANCIAL AID? Yes__ No__

HOW FREQUENTLY WERE YOU INVOLVED IN THESE ACTIVITIES?

	Frequently	Infrequently	Not At All
1. Student Organizations or Clubs (include band, music, drama, etc.)			
2. Intramurals/Recreation			
3. Attending Campus Programs or Events (educational, cultural, social, athletic)			
4. University Libraries			
5. Other(please specify)_____			

Asu offers a variety of student services/programs that assist students in fulfilling their educational objectives. Have you participated or used any of the following? If so, please indicate how useful you found them.

	Very Useful	Somewhat Useful	Not Useful	Didn't Know About	Didn't Use
1. Tutorial (ESP					
2. Career Services					
3. Counseling & Consultation					
4. Faculty Advisors or Academic Advisors in College					
5. Financial Assistance					
6. On-Campus Employment					

EXIT INTERVIEW

Date: 12-3-86

SEX: Male__ Female X AGE: 21 ETHNICITY: White X Black__ Hispanic__ Asian__ Native American__

MARITAL STATUS: Single X Married__ DEPENDENTS: Yes__ No X If Yes, Indicate Ages:_____

PLACE OF RESIDENCE: On-Campus Dorm__ Within two miles of campus X Two to ten miles__ More than ten miles__

ARE YOU CURRENTLY EMPLOYED? Yes X No__ If yes, how many hours do you work each week? 30

YEAR IN SCHOOL: Freshman X Sophomore__ Junior__ Senior__ Unclassified__ Graduate__

WHAT COLLEGE ARE YOU CUURENTLY ENROLLED IN?

Architecture__ Business__ Education__ Engineering__ Fine Arts__

Liberal Arts X Nursing__ Public Programs__ Social Work__

INDICATE THE MAIN REASON YOU ARE WITHDRAWING FROM SCHOOL:

Work Conflict__ Money Problems X Medical Reasons X Academic Difficulties__

Family Related__ Transferring__ Need a Break X Unclear Educational Goals__

Social Life Unsatisfactory__ Quality of Instruction__ University Too Large__

Failure to get courses__ Outside Activities__ Poor Academic Advisement__

Other (Please Specify) Under too much stress

DO YOU RECEIVE FINANCIAL AID? Yes X No__

HOW FREQUENTLY WERE YOU INVOLVED IN THESE ACTIVITIES?

	Frequently	Infrequently	Not At All
1. Student Organizations or Clubs (include band, music, drama, etc.)			
2. Intramurals/Recreation			
3. Attending Campus Programs or Events (educational, cultural, social, athletic)			
4. University Libraries			
5. Other(please specify)_____			

Asu offers a variety of student services/programs that assist students in fulfilling their educational objectives. Have you participated or used any of the following? If so, please indicate how useful you found them.

	Very Useful	Somewhat Useful	Not Useful	Didn't Know About	Didn't Use
1. Tutorial (ESP					
2. Career Services					
3. Counseling & Consultation					
4. Faculty Advisors or Academic Advisors in College					
5. Financial Assistance	X				
6. On-Campus Employment					

APPENDIX SEVEN

STUDENT HEALTH INSURANCE SURVEY

To be completed during mid-semester exit interviews

1) Are you dropping out of school because of financial/medical reasons?

(yes) / (no) (if no discontinue this survey)

2) If you are dropping out because of financial/medical reasons, is it because you are too sick to go to school or because the costs of the medical treatment are too much for you?

(too sick) / (too expensive)

3) If the medical costs were too expensive, would the presence of an insurance policy that would have paid 80% of all costs less than $4000 (and all costs over $4000, up to $25000) have prevented you from dropping out?

(insurance would have helped) / (insurance would not have helped)

4) Date of exit interview _____
month / day/ year